

Margaret McCaffery

Laughter is the Best Medicine: An Interview with Norman Cousins

YOU MIGHT expect a non-physician who proclaims "the mind is more powerful than medication" to be about as popular with the medical profession as a ham and cheese sandwich at a Bar Mitzvah—especially when he adds that "panic, not pathology, is the greatest killer".

But this same non-physician also believes that family practice "is where the great tradition of medicine rests—if (family doctors) can listen to the patient and take everything into account they're the greatest antidote to panic ever produced".

No matter what your profession or your state of health, it's a delight to listen to Norman Cousins. The man who edited *Saturday Review* for 35 years, who is the author of 15 books, and who is now an adjunct professor in the School of Medicine at the University of California, speaks in sentences—grammatical sentences. The gravelly voice pauses exactly where the punctuation would go; you can almost hear the semi-colons.

A Great Heart

Someone who has survived TB, severe heart disease and ankylosing spondylitis might be forgiven for wanting never to see the inside of a hospital again, but Norman Cousins' curiosity grew from the time he was a small boy watching others around him in the TB sanitarium succumb to the disease. He comments tersely "It taught me not to be afraid".

At age 39 he was refused life insurance "because my EKG was very ominous. In fact, they told me to get myself to a cardiologist—fast. That was Friday. On Saturday I played my usual game of tennis, and on Sunday I did the same. On Monday I went to see my family doctor, who took me to a cardiologist. The specialist told me that if I gave up *everything* I might last 18 months. When we got back to my family doctor's office, he said, 'Norman, I don't care what the EKG said, I think you've got a great heart'. Today I think if I had followed the

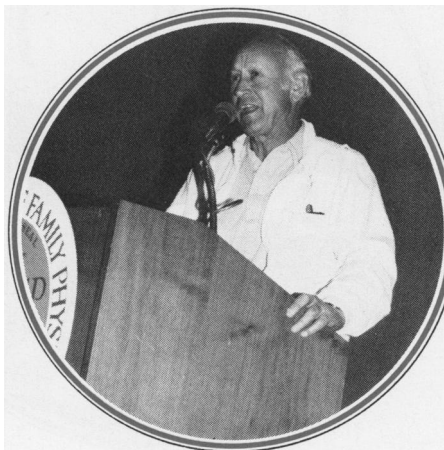
cardiologist's advice I'd have fulfilled his prognosis".

Twenty-six years later, this survivor stands before an audience of family doctors, telling them how he recently witnessed a man on a golf course being treated by paramedics for an attack of chest pain. "Paramedics tend to take their 'Canadian Mounted' image a little too seriously. There they were, hooking the poor man up to everything they had—but no one was talking to him. I went over, put my hand on his shoulder, and told him, 'You've got a great heart'. Then I watched the EKG reading come down".

A 20-Point Partnership

While the skeptics might say that was the result of the lidocaine and the prompt defibrillation, Norman Cousins' view is that the patient has to work *with* the health professionals, otherwise half the battle is lost. "Medical treatment is a 20-point partnership—the physician has 10 points, the patient has 10 points. If patients are given the idea that they *can* do something, they take the treatment better".

In his book *Anatomy of An Illness*, Cousins describes his own battle with ankylosing spondylitis, and how he determined to make his body respond. **"Medical treatment is a 20-point partnership—the physician has 10 points, the patient has 10 points".**



to positive emotions, since it had obviously been able to respond to negative ones. Now, sitting in the full sun at noon in Honolulu, just after speaking to the conjoint AAFP, Hawaiian Chapter and CFPC, BC Chapter meeting, he reminisces about his gradual pull towards a career helping other patients, and away from his long, stressful career in publishing.

"I felt that stress had been a very important part of my condition. I could identify it. So I thought I would counter it with positive emotions, especially laughter". His original publication was in the *New England Journal of Medicine*, where it called forth a very wide response. After publication of his book, he had offers of positions in four medical schools. "I've never found the medical profession resistant to my ideas—they've been very responsive", he claims. "I have a deep respect for the profession, but the patient is the healer. The physician's job is to activate the healing system to the fullest extent possible—that's consistent with Hippocrates".

Cousins went to UCLA because the university has a brain research institute: "I thought they'd be able to test my theories and give me a more solid base". However, when he first joined the UCLA School of Medicine, "I found myself being pushed into the role of ombudsman for patients who were complaining about their treatment". This wasn't the role he had foreseen for himself at all, but he decided to study the phenomenon. In a study of 500 "desirable patients" (i.e. well educated and able to pay their bills) he found that most people were satisfied with their physician, yet there was an apparent contradiction, since two out of three had changed doctors. "The key was that after they changed they were happy. Experience had led them to make a better choice. Now, what were they looking for?" He plans to publish the results of the study this year, but maintains that the physician/patient

partnership is what satisfies patients and motivates them.

Starved For Reason to Believe

He now sees primarily cancer patients, at the request of their physician. Obviously, since they know the diagnosis, "you can't lead them on with false hope", says Norman Cousins, "but they have to reach within and develop their own resources. Many patients are starved for reasons to believe. The healing system and the belief system are linked. The physician's going to continue treatment, even though there's only a slight chance. If the physician is willing to mobilize medical science, I make the patient mobilize himself, working with the patient's own beliefs".

Are they resistant to this idea? "Oh yes. I work with biofeedback, and put patients through a little exercise where they can raise the temperature in their hands. When they see the results they're transported—they realize they do have a measure of control. This opens them up".

Is it necessary for the patient to have religious beliefs? Norman Cousins says he's "never met a person without religious belief—I've only met people who didn't know they had it. I've never met anyone who didn't want something badly enough to pray for it—in his own way". He feels there are different kinds of prayer, which he defines as "anything which knits you together and connects you to a larger design which recognizes that life is a great gift".

Norman Cousins' outlook obviously does something for physicians, too. I first heard him speak at a meeting of the American Medical Writers' Association, where he was addressing 'his own kind'. The mood was one of inspiration—there was a general feeling that 'one of us' had gone far, entering a field of communication that was vitally important. Hearing him speak to a group of family physicians was a different experience: there was an initial tension, as though the audience was expecting

criticism—another 'doctor-bashing' session. Cousins' first story about a 92-year-old man whose only problem with his 21-year-old girlfriend is that he can't remember her name, soon breaks the ice. His second story about the 90-year-old lady who phones her equally elderly gentleman friend in consternation because she's pregnant, only to be asked 'Who's calling, please?' has them relaxed.

Then he changes pace, relating the recent incident of four people who became ill at a football game. When it was announced that a Coke machine was suspected of harboring some noxious substance, "everyone started vomiting and fainting. When they found out Coke had nothing to do with it, everyone got better".

Learn How to Use the Truth

Language, he tells his audience, "has a biochemical reality. What people say—especially if they're an authority—affects biochemistry". He mentions a UCLA study of cancer patients which revealed that when the patients were told the diagnosis, the disease became explosive. Another study used medical students as subjects in a trial of a "super-stimulant and a super-tranquillizer". The students were told what effects to expect from each drug, but were given the opposite drug from the one they were expecting. Those who were expecting the "super-tranquillizer" experienced the effects they were told to expect—even though they actually received the "super-stimulant".

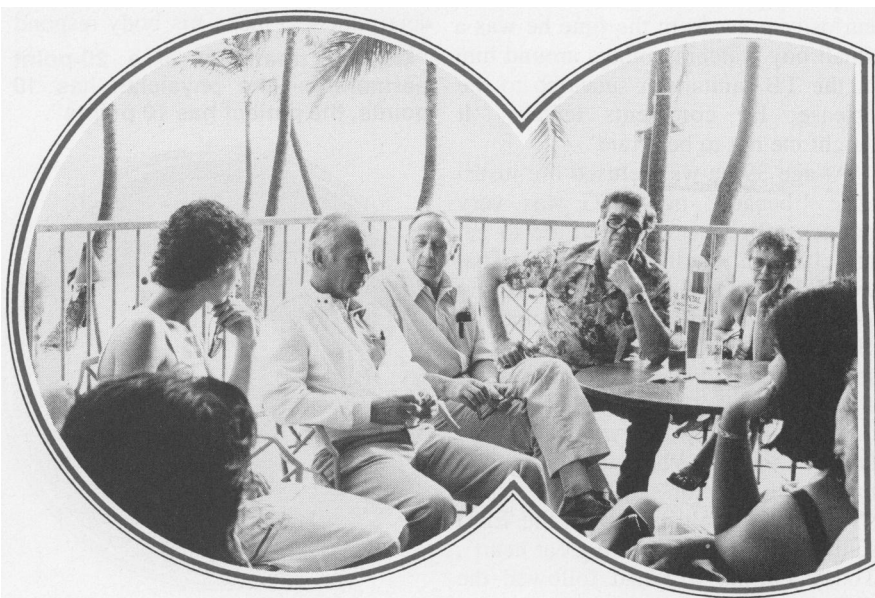
In dealing with cancer patients, he maintains, "the physician has to learn

how to use the truth, otherwise you put the patient beyond reach". He comments that the patient's own armamentarium is equally important, citing the case of a woman who underwent exploratory surgery, during which metastatic carcinoma was found. As gently as he could, her surgeon broke the news to her the next day. That evening, on passing her room, he heard sounds of laughter and saw the patient sitting with her sister. Both women were roaring with laughter. Somewhat taken aback, he wondered if he had perhaps been too gentle in breaking the news, and asked her whether she understood what he had told her. She replied, "Yes, you said I had cancer". Satisfied, he went away, only to hear laughter again on passing her room. This time she was speaking on the telephone to a friend. He discussed her situation with her again, asking if she understood the prognosis. She replied, "You said you'd try chemotherapy, but you're not sure it will work". When the surgeon heard laughter coming from the patients' room for the third time, he really began to wonder about the patient's grip on reality. He told her bluntly, "Look—I have to make it clear to you. You're going to die". The patient told him, "Doctor, there's something I have to make clear to you. If I'm going to die, it'll be my way, not yours. I'm not going to spend my remaining time being sad".

Laughter As Metaphor

Norman Cousins believes very firmly in "the usefulness of laughter

A 'seaside chat' gives speakers Alvin Paulsen, Jack Medalie and Norman Cousins a chance to respond to FPs' questions. Both Cousins and Medalie urged mobilization of the patient's own resources, including friends and family.



and the things it's a metaphor for. It puts the best in us to work". The day after his lecture, he participates with other speakers in a "seaside chat", designed to give delegates a more informal chance to talk to the speakers. Although there are three other speakers present, all of the questions are addressed to Cousins, who describes the "We Can Do" organization for cancer survivors. Newly diagnosed cancer patients meet in groups with patients who've survived at least one bout with cancer. He has been instrumental in setting up some of the eight chapters in Los Angeles, and has taken part in research on whether positive emotions have biochemical correlations.

But it's obvious that he does this for another reason, too. It's fun. His face breaks into a grin as he mentions the organization, and it seems inappropriate until he talks about the role of laughter. He has helped patients set up comedy programs, where they screen films and tapes of their favorite comedians. In fact, some groups require each person to tell a funny story at their meetings. When he attended, he was able to tell them of the "funny thing that happened on the way to the meeting". Wanting to notify the meeting planners that he had been held up, but not having their number, he used his last dime to call information—and it was collected. So he called the operator, who said the telephone company would gladly mail him a cheque if he would give her his name and address. After some argument along the lines of Nichols and May, the operator finally agreed to have the machine

disgorge his dime, whereupon a shower of coins fell into his hands. Flabbergasted, he informed the operator of his windfall, only to be asked to put the coins back in the box. He replied, "Madam, if you'll give me your name and address, I'll gladly send you a cheque".

Brain's Ability Reduced By Panic

"The brain is a gland", Norman Cousins announces to his audience of family physicians. "It secretes at least 34 primary substances. But the ability of the brain to write prescriptions gets reduced by panic". Later, he comments, "Panic, not pathology, is the greatest killer. We're pushed in the direction of our fears by our education. We tend to think we're immortal, until we get a cold, when we think we're going to die within the hour. We're a self-medicated society, unable to make connections between the pain and what we're doing wrong".

He comments candidly that his own latest heart attack a year ago "was a result of all the wrong things I was doing. I was rushing here and rushing there, running to catch planes and so on. I have control of that kind of thing; I just didn't listen". To show how far in control he really can be, he would ask his cardiologist "What blood pressure do you want me to have?" and would promptly be able to achieve it.

Responsibility, Not Blame

A Vancouver family physician raised an interesting issue at the 'sea-

side chat'. The talk concerned cancer patients being told they can have control over their condition, and should therefore take some responsibility in their treatment. "I find that increases their guilt", comments Dr. Ellen Wiebe. Cousins nods. "That's why groups are so useful—others can say, 'Yes, I've had that feeling too, and this is how I got out of it'. Dr. Marlene Hunter, also of Vancouver, and a veteran of hypnotherapy groups, points out, "There's a difference between blame and responsibility". Cousins is obviously enthusiastic at this turn in the discussion: he quickly brings up the subject of fear once again, commenting that the best thing about having to obtain informed consent is that it lets the patient know what to expect, and lessens fear of the unknown.

"There's a direct correlation between patients who stay with doctors and doctors who stay with patients", he notes. "I have a very high regard for family doctors. After all, medical research doesn't run counter to medical practice—all it shows is that attitudes are powerful factors".

And what about the role of the so-called 'holistic health' movement? "There are problems with the 'holistic' movement", he feels. "They tend to make the doctor the enemy, and to attract quirky elements, excluding traditional practice. But the medical profession has always been holistic—Hippocrates was".

I ask Norman Cousins if he ever runs into the 'Who does he think he is?' attitude from physicians. He's obviously puzzled at the question. The reaction of the audience at the end of his lecture is the answer. A speaker who leaves his audience uninterested is left alone at the end of his talk. One who provokes his audience is bombarded by questions or criticisms. The physicians who approach Norman Cousins at the end of his talk are smiling; they just want to shake his hand and say, simply, "Thanks". ●

Dr. Ellen Wiebe, president of the CFPC's BC Chapter, tells Norman Cousins that patients feel guilt when asked to take some responsibility for their treatment. Cousins advocated groups where patients can discuss these feelings with other patients.

